

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10-019,314

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1						52
3	2						53
4	0						54
5	0						55
6	0						56
7	0						57
8	0						58
9	0						59
10	0						60
11	0						61
12	0						62
13	0						63
14	0						64
15	0						65
16	1						66
17	1						67
18	1						68
19	1						69
20	1						70
21	4						71
22	4						72
23	4						73
24	0						74
25							75
26							76
27							77
28	1						78
29	1						79
30	1						80
31	1						81
32	1						82
33	1						83
34	1						84
35	1						85
36	1						86
37	1						87
38	1						88
39	1						89
40	1						90
41	1						91
42	1						92
43	1						93
44	1						94
45	1						95
46	1						96
47	1						97
48	1						98
49	1						99
50	1						100
TOTAL IND.							TOTAL IND. 3
TOTAL DEP.							TOTAL DEP. 25
TOTAL CLAIMS							TOTAL CLAIMS 28